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ABSTRACT

This training module is intended to assist families and service providers in planning the movement from home-based to center-based early intervention and preschool services for young children with deaf-blindness and other severe disabilities. The module's objectives for the trainee include recognizing the importance of agency collaboration for transition from early intervention services to preschool; demonstrating an understanding of the laws and how transition is addressed in the laws; and gaining information on structuring the coordination process according to recommended best practices. The module has 10 sections: (1) the introduction and pre-post test; (2) a section on the importance of collaboration for successful transition; (3) relevant legislation including Parts H and B of the Individuals with Disabilities Education Act and Head Start legislation; (4) samples of goals appropriate for meeting the transition requirements of the Individualized Family Service Plan; (5) suggested ways for gathering information and identifying needs; (6) a model for facilitating the transition meeting; (7) suggestions for recognizing and dealing with common barriers to interagency coordination; (8) definitions; (9) a resource list and bibliography; and (10) appended sample forms. (DB)

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ED 390 220

A MODULE FOR TRANSITIONING INTO A PRESCHOOL PROGAM

A Module For:

TRANSITION

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EC304485

General Guidelines

The left side of the Workbook contains instructions and the major points to be made during the lecture format. The transparencies that the facilitator uses during the lecture section are included in the Workbook. The facilitator will request discussion throughout some of the sections. It is important for the facilitator to remember that the session should include more time for open discussion, questions and answers, and less time on direct lecture. The facilitator will need to make copies of the transparencies from the pages titled "Transparency." TIPS are also listed throughout the module for open discussion. All pages in the Appendix are reproducible without permission.

The Objectives of this module include:

- *to recognize the importance of agency collaboration for the transition from intervention services to preschool,*
- *to demonstrate an understanding of the laws and how transition is included within these laws, and*
- *to gain information on structuring the coordination process as recommended for best practice procedures.*

The Transition Module was developed to be used as a guideline for assisting families and service providers in planning the movement from home-based services to center-based services. The content of the module emphasizes strategies for families, services providers and related services for planning, coordinating, and collaborating with each other in order to have a smooth and successful transition.

The module is divided into the following sections:

1.0 *Introduction and Pre-Post Test*

2.0 *To be or Not to be: Transition Collaboration - This section discusses the importance of collaboration if transition is going to be successful.*

3.0 *According to the Law: Part H, Part B, and Head Start - This section describes the documents and how they reflect each other and the process of transition.*

4.0 *Final Goals: Documenting the Plan of Action - This section provides samples of final goals that would be appropriate to complete the requirements for including transition on the IFSP.*

5.0 *Plan Ahead: Recommendations for Best Practice - This section identifies how to gather information and recognize the needs for a successful transition process.*

6.0 *Transition Meeting: Blueprints for Success - This section contains a model that can be utilized to facilitate the Transition Meeting.*

7.0 *To have or not to have: BARRIERS - This section lists common barriers that are found in interagency coordination, how to recognize those barrier, and strategies for working together for a successful transition.*

8.0 *Definitions*

9.0 *Resources and Bibliography*

10.0 *Appendix*

1.0 INTRODUCTION

This module discusses the importance of a coordinated transition and how agencies and families can collaborate to ensure the child receives an appropriate, quality transition.

The family has spent the last three years:

- ***problem solving,***
- ***searching for support,***
- ***searching for assistance,***
- ***answering questions,***
- ***learning new medical terms, and***
- ***trying to maintain a "normal" life in their community and extended family.***

A positive experience with initial transition, particularly the transition to mainstreamed programs, can serve as a prototype for all future transitions between school and agencies (Ziegler, 1985).

Other transitions include: kindergarten to first grade, elementary to junior high, junior high to high school, vocational programming, then job placement.

Factors for planning the transition into a preschool program:

1. *quality* - ***The quality of the transition procedure can be established with time and effort. A quality process will not be developed overnight, but through collaboration and communication, it can be an effective process.***
2. *behavior* - ***The behavior and attitude of the sending program, receiving program, and the family can have a positive or negative, compromising or non-compromising, effect.***
3. *expectations* - ***The expectations that each agency and the family has for the process and outcome of the transition may be different. It is important to identify what level of participation each party has by communicating openly.***
4. *support* - ***There must be support for everyone involved. Transition must be a collaborative effort with everyone involved being an active participant.***

WE all want the child to learn to their greatest potential- but no one desires that as much as the child's FAMILY.

> ***TIP: WE can help as a team player, yet the family is the Referee.***

1.0 PRE - POST TEST

Complete the following short answer.

1. ***Who might be responsible for coordinating and communicating with the transition team?***

2. ***List three persons that might possibly be involved in the transition.***
   a.
   b.
   c.

3. ***List three concerns a parent (caregiver) may have about a receiving program (i.e., therapy).***

   _____
   _____
   _____

4. ***According to the law, at what age will the referral take place for a child to the local school district?***

5. ***List persons that will be involved in writing the Individualized Education Plan?***
   a.
   b.
   c.

6. ***What is "turfism"?***

7. ***List three components that are required on both the IEP and the IFSP.***
   a.
   b.
   c.

8. ***What are three pieces of information the sending program may be able to provide to the receiving program.***
   a.
   b.
   c.

9. ***A cohesive transition procedure among agencies can be established:***
   a. by one agency ***c. within one year***
   b. through coordination ***d. without family input***

10. ***If a child is eligible for early intervention services, they are automatically eligible for local education placement.***
    TRUE ***FALSE***

2.0 TRANSITION COLLABORATION

> ***TIP:*** ***The challenge of the transition process is extended from the family and their child to the school and community.***

"How does the transition effect your program and the services you provide?"

Some possible needs of a program may include:

a. Releases for information have to be signed.
b. Information about the student will have to be gathered.
c. Adaptations may have to be made for the receiving school to accommodate the new student.

Transparency #1 *A WELL PLANNED TRANSITION*

> *TRANSPARENCY #1*
>
> *A <u>WELL PLANNED</u> transition will have a significant impact on:*
>
> - *the child's potential for learning and successful participation in a new learning environment,*
> - *the family's desire and ability to participate as partners in planning their child's ongoing education, and*
> - *the ability and willingness of professionals, particularly the receiving school, to accommodate children with special needs.*

Transparency #2 *COLLABORATION*

"How can collaboration or lack of collaboration affect the transition?"

TRANSPARENCY #2

COLLABORATION among all persons who have vested interest in the child's transition promote:

- *correct and appropriate Individual Education Plan (IEP) decisions,*
- *shared understanding of the needs of each person involved,*
- *support and encouragement between the family and agencies,*
- *usable transition goals identified in the IFSP, and*
- *an appropriate preschool environment for the child.*

What is one example of collaboration efforts you practice?

Transparency #3 *BEING INTERAGENCY FRIENDLY*

TRANSPARENCY #3

Being "INTERAGENCY FRIENDLY"

- *eliminates the confusion of "who" will do "what,"*
- *allows the family a clear understanding of the system and how it operates,*
- *prepares each person involved to recognize their level of participation,*
- *allows each person involved to recognize the expectations that other persons have on their level of responsibility,*
- *ensures that the child will receive the type, intensity, and quality of services needed (TEEM, 1991), and*
- *eliminates individual concerns.*

Transparency #4 *WHAT CAN HAPPEN*

A. If the transition process is unorganized,

1. *nobody wins,*
2. *resentment may grow between agencies,*
3. *an appropriate program plan may not be devised,*
4. *families will be denied their rights to an appropriate education,*
5. *the receiving agency may harbor ill feelings toward the child and their family, and*
6. *families may not receive the encouragement and support they need for their child.*

Transparency #5 *WHAT SHOULD HAPPEN*

If the transition is organized:

1. *everyone wins,*
2. *collaboration has been effective,*
3. *an appropriate program plan is developed for the child,*
4. *the receiving agency is prepared to meet the needs of the child and their family, and*
5. *families feel comfortable about their child's placement.*

3.0 ACCORDING TO THE LAW

TIP: Recognizing the demands, assist in the efforts for cooperation.

The following section discusses the components of Part H, Part B, and Head Start and the importance of these laws relating to the position and demands placed upon agencies.

These requirements can provide a general sense for maintaining cooperative efforts between agencies.

Transparency #6 *PART H vs. PART B vs. Head Start*

The Individuals with Disabilities Education Act (IDEA). The Law States:

TRANSPARENCY #6

PART H	*PART B*	*HEAD START*
WHEN: Amended to IDEA in 1986. Participating states were given five years to put together and implement services.	*WHEN: Enacted in 1975*	*WHEN: 1993*
WHO: Infants and toddlers, birth through two years of age, who have developmental delays or diagnosed conditions known to cause developmental delays, who are determined eligible.	*WHO: Educational services for children and youth three to the age of twenty-one who are eligible for services. Child find and evaluation guidelines for children and youth to 21 years of age.*	*WHO: At least 10% of its enrollment opportunities to children (3-5 yrs) with disabilities who are income eligible (and most in need of services).*

WHAT: Forms an interagency system that supports families through the development and implementation of the Individualized Family Service Plan (IFSP).	*WHAT: Establishes that children with disabilities are entitled to receive a free, appropriate, public education as outlined in the Individualized Education Program (IEP).*	*WHAT: Makes available directly, or in cooperation with other agencies, a full range of services in the least restrictive environment in accordance with an IEP for enrolled children who meet disability eligibility criteria.*

Transparency #7 *INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) AND THE INDIVIDUALIZED EDUCATION PLAN (IEP)*

THE IFSP and THE IEP		*TRANSPARENCY #7*
IFSP: Individualized Family Service Plan.	*IEP: Individualized Education Plan*	*IEP: Head start*
WHEN: The meeting to develop the initial IFSP must be conducted within 45 days from the date of referral. The IFSP is to be reviewed every six months and annually or more frequently if needed.	*WHEN: The IEP meeting must be held within 30 days of determination of eligibility ruling for special education and related services. IEP's are to be revised at least annually or sooner as appropriate. Reviews can be requested by any member of the IEP committee.*	*WHEN: The IEP meeting must be held within 30 calendar days of a determination that the child needs special education and related services. It is recommended that an IEP is reviewed more than once per year and updated annually.*
WHO: The service coordinator ensures that written notice is provided to the family and other participants, and makes meeting arrangements. The following participants should be included: *a. the parent(s), guardians,* *b. other family members as requested by the family,* *c. an advocate as requested by the family,* *d. the service coordinator for the family,* *e. person(s) directly involved with the assessment, and* *f. as appropriate, person(s) who will be providing services for the child.*	*WHO: The local education agency must develop and implement IEPs for all children with eligibility rulings who are three years of age or older, (or younger than age three if the district has chosen to provide services for 0 - 2 years of age). The following participants are to be included in the IEP meeting:* *a. the parent(s), guardian,* *b. agency (school district representative),* *c. special education teacher,* *d. related services personnel (if applicable), and* *e. others at the discretion of the family or school district.*	*WHO: Every child receiving services in Head Start who has been evaluated and found to have a disability and in need of special education services must have an IEP developed before special education and related services are provided. When Head Start develops the IEP, participants should include:* *a. disability coordinator or a representative who is qualified to provide or supervise the provision of special education,* *b. the child's teacher,* *c. the parents,* *d. related service persons,* *e. the grantee may invite individuals requested by the parents or other individuals at the discretion of the Head Start program, and* *f. a representative from the local school district.*

Transparency #8 ***SIMILARITIES OF THE INFORMATION NEEDED TO COMPLETE THE IFSP AND THE IEP.***

INFORMATION NEEDED FOR THE IFSP AND THE IEP		*TRANSPARENCY #8*
WHAT: The IFSP shall include: *a. present level of development,* *b. family strengths and needs,* *c. major outcomes, criteria, procedures, and timelines to determine progress,* *d. specific early intervention services, including frequency, intensity, and methods of service delivery,* *e. dates for initiation of services and anticipated duration,* *f. steps for transition under IDEA, Part B, and* *g. signatures of all persons present at the meeting.* *The IFSP is an interagency document acting as a singular plan coordinating all services needed to reach outcomes set by the parents and multidisciplinary team.*	*WHAT: The IEP shall include:* *a. present level of educational performance,* *b. specific special education and other related services that will be provided,* *c. annual goals,* *d. short term instructional objectives,* *e. beginning and ending dates of services,* *f. evaluation procedures and schedules for determining progress, and* *g. participation in regular education, and* *h. listing of all persons present at the meeting.* *The IEP is a document outlining the necessary educational services, as determined by the IEP Committee, to be provided by the school district to meet a child's educational needs.*	*WHAT: The IEP shall include:* *a. a statement of the child's present level of functioning,* *b. a statement of annual goals including short term objectives for meeting the goals,* *c. a statement of services to be provided by each component,* *d. a statement of specific special education services and related services,* *e. personnel responsible for the planning and supervision of services,* *f. beginning and ending dates for services,* *g. evaluation procedures, and* *h. family goals and objectives.*

In what ways are the documents the same?

In what ways are the documents different?

Could agencies combine some of the information to prevent the family from repeating information that is already documented?

A Sample IFSP\IEP is included in the Appendix.

AGENCY RESPONSIBILITY AND SERVICE DELIVERY

Early Intervention Services/Department of Health	*Local Education Agency/Department of Education*
Agency Responsibility: *To coordinate intervention services ensuring adherence to all Part H regulations, providing services for all eligible children, and administering Part H funds.*	*Agency Responsibility:* *Local school districts are responsible for ensuring the provision of services as outlined in the IEP.* *IDEA, Part B does not hold those providing services to the child accountable when the child does not achieve the projected goals and objectives.*
Service Delivery: *The services provided are directly related to the unique needs of the child as identified in a comprehensive evaluation. The service delivery format depends upon the available resources within the family's community and services can be provided through various agencies including Mental Health and private providers.*	*Service Delivery:* *Services are provided in the child's least restrictive environment as determined by the IEP Committee. The local education agency is responsible for ensuring that IEPs are developed and implemented for all children with eligibility rulings according to the Mississippi Department of Education criteria.*

Refer to the sample Referral Form found in the Appendix.

Documentation and timelines are vital components of a transition plan, and these forms should be adapted to fit the needs of the individual agencies.

4.0 DOCUMENTING THE PLAN OF ACTION

The final transition steps should be included on the IFSP when the child turns two years old.

A. When should Final Transition become a part of the IFSP and how should it be included?
final - when the child is between the age of two and three years old.

One of the goals on the Final Transition Plan includes an on-site visit and a Formal Transition Meeting.

Refer to the Sample IFSP Transition in the Appendix. This section is to document the steps needed for the transition process. Other goals may need to be included within the IFSP to prepare the child and family for transition, yet they will not be written directly on the Transition Section of the IFSP.

What other goals may need to be included on the IFSP to assist the child and the family in preparing for the transition?
- ***ordering a wheelchair (if applicable)***
- ***getting glasses adjusted***
- ***having leg or arm splints adjusted***

What are more goals that may need to be included on the IFSP?

Each goal is outlined clearly with timelines and persons responsible for pursuing each goal.

Refer to the Final Transition Plan in the Appendix.

Final Transition Goals

Each agency can use this form to document specific objectives and timelines for completing the objectives.

- ***Some goals may include:***
  - ***Contacting placement options***
  - ***Completing assessments***
  - ***Sending invitation letters.***

5.0 RECOMMENDATIONS FOR BEST PRACTICE

Transparency #9 ***RECOMMENDATIONS FOR BEST PRACTICE***

The Service Coordinator should facilitate the transition in order to provide a quality transition process for the family.

WHEN:	*Transition planning should begin no later than six months prior to the child's third birthday.*
WHAT:	*Transition should be:* *A planned procedure involving good collaboration and consistent communication.* *Best practice means the family, child, and other related service personnel develop and implement an appropriate transition.*
HOW:	*Forms, checklists, sample sheets, and suggestions for the use of these sheets are provided throughout the module. These forms are suggestions for maintaining a structured, systematic transition process. (Adaptations should be made as necessary to accommodate agencies, service providers, programs...relative to each district.)*

This is the first transition in most cases that the family will encounter. Intervention and other related services may have been provided through a separate means. Planning for transition must be addressed if the IFSP is really a "FAMILY" service plan.

Refer to the Transition Data Form in the Appendix. This form should be used to begin documentation for transition planning.

Refer to the Transition Calendar Plan Form found in the Appendix.

Transparency #10 TRANSITION CALENDAR PLAN

This form lists steps taken to plan the transition and can be used by all involved in the transition to document timelines.

What other statements may need to be included on this form to satisfy the needs of your agency?

The next section provides forms for recognizing the agencies' and the families' needs.

A. AGENCY NEEDS

Refer to the Transition\Collaboration Checklist in the Appendix.

Once persons are identified on the Transition Data Form, the next step is to recognize the present level of agency collaboration.

OBJECTIVE: To recognize the present procedures used in the transition process and determine a universal system that best suits the needs of the family and the agencies.

1. ***Assist in identifying the level of involvement of each agency,***
2. ***Identify needs of the receiving program,***
3. ***Recognize need for further training and\or assistance,***
4. ***Recognize need for further collaboration in areas, and***
5. ***Recognize present strengths of agency collaboration.***

Activity # 1 ***Complete the checklist to the best of your knowledge, the present practice for a transition.***

B. FAMILY NEEDS

Refer to the completed Transition Checklist For Parents in the Appendix.

The Transition Checklist For Parents is a tool that can be used to assist the service provider in identifying the needs of the family.

Transparency #11 *TRANSITION CHECKLIST FOR PARENTS*

The service coordinator should gather appropriate information (or discuss with the receiving program what information they could provide for the family) and share it with the family.

What does the Transition Checklist For Parents do?

1. ***Familiarizes the family with new terms,***
2. ***Allows the service provider to recognize target areas for transition,***
3. ***Assists in developing a strategy for information to be obtained from other sources,***
4. ***Ensures the receiving program is aware of the families' level of information concerning the process of transition, and***
5. ***Provides the family with pertinent information.***

TIP: Do not offer services that you can not provide

***Example:** If the service coordinator is unsure about how or if the receiving program has a policy for on-site visits, it should not be stated that they are welcome any time.*

6.0 BLUEPRINTS FOR SUCCESS

Transparency #12 *COORDINATING THE TRANSITION MEETING*

TRANSPARENCY #12

COORDINATING THE TRANSITION MEETING

- *Select several times and dates to choose from*
- *inform all members when and where the meeting will be held*
- *provide each person with a list of all persons that will be present at the meeting*
- *ask each member to bring pertinent information and prepare to identify their needs*

INFORMATION TO BE SHARED

- *medical and personal*
- *agency level of participation*
- *procedure for information dissemination*
- *forms that will need to be completed*
- *related services that are anticipated*
- *services options*
- *IFSP goals*
- *projected IEP goals*
- *Preschool Students Information Form*

A. In coordinating this meeting:

1. *select two or three dates and times for each member to choose from,*
2. *inform all members where the meeting will be held,*
3. *inform all members either by telephone or by mail, who will be present,*
4. *each member should be prepared to share information concerning the child.*

Example:

The nurse at a receiving school also serves as case manager. Being concerned about the child's physical ability to sit on the floor for group activities, she would bring magazines for the P.T. to choose an appropriate chair.

B. The following information should be shared:

1. *medical and personal information*
2. *agency participation*

3. *procedure for information dissemination*
4. *appropriate forms needed*
5. *related services needed by the family*
6. *available services*
7. *Individualized Educational Program (IEP) and Individualized Family Service Plan (IFSP)*
8. *student information - Preschool Information Form is in the Appendix.*

What other information is needed specific to your agency?

> *TIP: The planning and preparation is absolutely necessary for a successful transition.*

Formal Transition Meeting

A. *Formal Transition meeting after placement date has been determined.*

The purpose of this meeting is to allow the participants to gather information. This process is to ensure that future referrals are done in an organized procedure.

- *Other reasons to meet include:*
  1. *opportunity to meet other team members*
  2. *identify roles*
  3. *family concerns*
  4. *enables the family to be an active part in the sharing of information about their child*
  5. *establishes relationships*
  6. *input from related services*
  7. *recognize procedures for placement*
  8. *develop appropriate IEP goals and objectives*
  9. *support and encourage persons involved in the transition*
  10. *identify specific needs of the child.*

> *TIP: Placing the child in a program without coordination and planning can lead to mistrust of professionals by the family.*

The following is a sample Agenda for the Meeting.

Agenda Of the Meeting

I. Identify Participants

II. Complete Environment Checklist

III. Identify Daily Schedule

IV. Recommend Adaptations

Some possible questions to address may include:

- *Who has information that would be useful for the assessment and writing the IEP?*
- *As a receiving agency (meaning the program in which the child will be attending) what can I do to help the family plan for school?*
- *Who will answer my questions about the child's needs and abilities?*
- *Who will offer and provide related services that are needed?*
- *Who will inform me as the parent if and when my child will receive related services?*
- *Does the family have information such as shot records and a birth certificate?*

Each person participating in the transition meeting will have information that they need to receive and information they can share with the other members.

I. Identify Participants

Every participant should write down their name, their role in the transition, and a telephone number where they can be contacted (a sample form is located in the Appendix).

The completed list should be maintained in the child's Transition Plan.

II. Environmental Checklist

Refer to the Environmental Checklist in the Appendix.

OBJECTIVE: To assess the environmental construct of the classroom which allows participants to discuss possible adaptations.

A representative from each agency (sending and receiving) and a family member should read and complete the Classroom Environmental Checklist found in the Appendix.

The receiving agency should appropriately answer each question in identifying the classroom arrangement, assistance, and scheduling.

The sending agency and family should assess the information and discuss areas for potential adaptations that need to be addressed.

III. Identify Daily Schedule

OBJECTIVE: To understand the daily schedule of the classroom activities that will allow for necessary adaptations to be made to accommodate the needs of the child without restructuring the classroom activities.

The receiving agency should complete a schedule of the daily routine for the child within their new environment for the sending agency and the family.

IV. Recommend Adaptations

Refer to the completed Schedule Plan Form in the Appendix.

OBJECTIVE: To accommodate the special needs of the individual child by incorporating adaptations into the structure of the class schedule. Everyone has vital information for structuring an appropriate program plan.

Transparency # 13 SCHEDULE PLAN FORM

A representative from each agency and the family should discuss which activities and routines may require support in order for the child to participate.

Transparency #14 ***BEST SCENARIO/WORSE SCENARIO***

Best Scenario	*Worse Scenario*
The teacher has physically arranged the classroom to accommodate Joey's wheelchair.	*Joey cannot move from center to center without moving tables & chairs.*
The teacher is familiar with Shante's hearing aids and explains to the class how they work.	*The teacher is not aware that Shante wears hearing aids, she is put in time-out for not listening.*
The teacher and students use gestures and signs to communicate with Brandon.	*No one in the class understands what Brandon is signing.*
The teacher lets Casey sit further away from the tape player since Casey doesn't like loud music.	*Casey sits close to the tape player and begins to bang his head on the floor.*
The teacher places Katy's mat and materials on the lower shelf so Katy can get things independently.	*The teacher must hand Katy items she needs, lowering Katy's independence level.*

7.0 BARRIERS

Once the process for transition and the best practice recommendations have been recognized, it is important to identify some barriers to coordinating and implementing a collaborative transition process.

As documented in the laws, and recognizing the present practice as gathered from the Transition/Collaboration Checklist, there may be some areas of conflict to be resolved.

In almost any given situation, change is inevitable and these changes will create barriers or conflicts. The ability to recognize and discuss barriers reflects the success or failure of the transition process.

TIP: Change is inevitable, growth is optional.

Transition should not be "turfy!"

What does "turfy" mean?

For the purpose of this module, "turfy" is interpreted as a guarding of the agency or program in which we are affiliated.

Transparency #15 TURFISM

TRANSPARENCY #15

"TURFISM"
- *The belief and practice of maintaining one's own ground*
- *resistance to expanding one's ground*
- *being impermeable to other's needs*

LETTING GO OF TURF
- *is not easy*
- *requires understanding*
- *requires trust*
- *allows one to learn from another*
- *assists in collaboration efforts*
- *expresses the desire for communication*
- *demonstrates continuity for the family*

Letting go of "turf":
1. *is not easy,*
2. *requires a general understanding of each other's position during the transition,*
3. *allows us to trust that another person can fulfil certain responsibilities,*
4. *allows us to recognize skills and knowledge that others have that would benefit us,*
5. *expresses to others that you know we are all here for the same reason, to provide quality education for that child, and*
6. *requires not using words like "us", "them", "ours", "theirs".*

How do we let go of those attitudes?
- *. de-personalize the problem*
- *. recognize the need for other team members*
- *. realize the purpose for the transition.*

When communication is open and the message that is being communicated is clearly understood by all of the persons involved, it is important to put the plan in writing.

As each step is focused on by the team, it is imperative that all persons involved feel that they contributed to the process and that their input is valuable.

Transparency #16 *COMMUNICATION*

TRANSPARENCY #16

WAYS TO COMMUNICATE

- *phone, mail, in person*

HOW TO COMMUNICATE

- *ask specific questions*
- *restate information:*
  "what I understand you to say is..."
  "am I correct in saying that..."
- *provide honest, specific answers:*
  "I can't guarantee that Tanya will be in Ms. Dergan's class."
- *provide and request timelines:*
  "Will March 8, which is two weeks from today, be an appropriate target date to complete all of the necessary information?"

  "I will send you the information on her IEP by Thursday of next week."
- *use eye contact*
- *clarify the information*

WHAT TO COMMUNICATE

only necessary information (the fact that Adrian Mill's ex-brother-in-law was once married to a circus clown, is not considered to be relevant to the educational needs of her son).

- *expectations and outcomes*
  "I can't wait to see how Tanya will respond to off-campus activities with her peers."
- *positive reinforcers*
  "That is a wonderful idea to have the children go to the library every Monday for story time."

8.0 DEFINITIONS

Advocate *- a person who offers practical information and support to families who have children with special needs.*

Assessment *- the collection and synthesizing of information about a problem. This usually involves more than one person identifying strengths and weaknesses in such areas as: gross motor, fine motor, language, self help, and cognition. (Witt, Elliot, Gresham, Kramer).*

Case Manager *- a professional who assist the family by coordinating services received by the family and the child. (Resource manual)*

Disability Coordinator *- coordinates services with other agencies to meet the special needs of children with disabilities who are eligible for Head Start.*

Early Interventionist *- provide services for the families of children with special needs, usually birth tho three years of age. Assist the family in locating related services. The EI person may assume the role of the case manager if there ins not a case manager assigned.*

Individualized Education Plan *- (IEP), a written document describing goals, objectives, and procedures, that will be used as a guideline for providing an appropriate education for the child. A child who is receiving services under the age of three will have an Individualized Family Service Plan (IFSP).*

IFSP *- Individual Family Service Plan is an interagency document acting as a singular plan coordinating all services needed to reach outcomes set by the parents and the multidisciplinary team.*

Least Restrictive Environment *- the environment in which the child is educated that best allows the child to learn. According to the assessment results, and parental input, placement is made which is deemed to be the most appropriate for the child.*

Local Education Agency *- persons with the state department of education in each district who are responsible for overseeing the schools within their district.*

Occupational Therapist *- a person who evaluates the self care, work, play, and leisure skills of people with disabilities. The therapist develops programs to restore*

Physical Therapist - an individual who is responsible for planning, conducting and evaluating a program used to improve circulation, muscle movement and to train or retrain a patient to perform the activities of daily living

Program Developer - the professional who works within the school system who oversees special education services.

Psychometrist - a professional who is licensed and trained to measure the variables such as intelligence, aptitude, behavior and emotional reactions.

Receiving Program - the program or agency that will provide services to children as they turn three years of age.

Related Services - these are services that the child and their family are receiving or may be eligible to receive. This may include: physical therapy, speech therapy, etc.

Screening - a process where abilities are assessed to determine if further assessment is needed.

Service Coordinator - a person who assists and enables a child (eligible for intervention services) and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the state's early intervention program. (Taken from Interagency Agreement for MS Early Interventionm System under Part H of IDEA, 1994).

Sending Program - the program or agency which has been coordinating and/or providing services to infants and toddlers birth to three years of age.

Speech Pathologist - a professional who assesses the use of speech and language.

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Janie Luter

10.0 APPENDIX

Individualized Family Service Plan

Child's Name: _____ DOB: _____ Race: _____ Sex: _____

Address: _____ County: _____

_____ Language Used in Home: _____

SSN: _____ Medicaid No: _____ Hlth Ins. Company: _____

Mother's Name: _____

Address: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Father's Name: _____

Address: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Guardian or Other Responsible Person: _____

Home Address: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Service Coordinator: _____

_____

Agency: _____

_____

Address: _____

_____

Telephone: _____

Referred by: _____

_____

_____

_____

Date of Referral

_____

Names of Other Household Members

Primary Medical Provider: _____

Resident School District: _____

Presenting Concern/Diagnosis

Other Service Providers/Programs	Date Admitted/Initiated

IFSP	Projected Date	Actual Date
Interim IFSP Meeting		
Initial Meeting		
IFSP Review/Revision		
IFSP Review/Revision		
IFSP Review/Revision		
Transition Plan		

Health Status/Concerns

Revised 8-11-94

Form No. 1000

Process ... 1: What are the child's present levels of developm... ?

Childs Name:

Area	Age/Date of Assessment	Assessment Instrument(s) Used	Level/Range/Strengths	Administered by Person, Position, Agency	Comments/Needs
1. Cognitive					
2. Communication					
3. Social/Emotional					
4. Adaptive Development	23			29	

Process S 1 *(continued)*: What are the child's present levels ... evelopment?

Childs Name: _____

Area	Age/Date of Assessment	Assessment Instrument(s) Used	Level/Range/Strengths	Administered by Person, Position, Agency	Comments/Needs
5. Physical					
A. Gross Motor					
B. Fine Motor					
C. Hearing					
D. Vision					
E. Health					

30

31

Process . . 2: Summary of the family's concerns, priorities a... sources relative to their child's development.

(Completed at parental discretion)

Childs Name: _____

Concerns:

Priorities:

Resources:

Mississippi State Department of Health

Revised 8-11-94

Form No. (illegible)

Process S . 3: What do you want to accomplish?

Childs Name: _____

What do you want to accomplish? *(Major Outcomes/ Long Term Goals)*	How do we want to accomplish this? *(Problem Solving Steps) (Short Term Objectives)*	Who will accomplish this? *(Person(s) Responsible)*	How will we know when we have accomplished this? *(Methods, Procedures, Criteria, Timelines)*	Targeted Date	Estimated Completion Date	Date to be Reviewed	Achieved/Changed Barriers and/or Comments

34

35

Process S. 4: Which early intervention services will provide w... the child needs?

Child's Name: _____

Assistive Technology Devices/Services (AT)
Audiology (AUD)
Family Training (FT)
Health Services (HS)
Medical Services (MS)
Nursing Services (NS)
Nutrition Services (NUT)
Occupational Therapy (OT)
Physical Therapy (PT)
Psychological Services (Psy)
Service Coordination (SC)
Social Work (SW)
Special Instruction (SI)
Speech/Language/Communication (ST)
Transportation (TR)
Vision Services (VS)

Other Early Intervention Services:
_____
_____
_____

Service	Provider *(Name, Position or Title Address and Phone)*	Location *(Natural and Other Environment) (least restrictive environment)*	Frequency/Intensity/Duration (no. months per year)	Barriers/ Availability	Parent Approval	Date Started	Date Ended	Payment Arrange-ments

Process S. 5: What other services are necessary to meet your family's needs in relation to your child's development?

Child's Name: _____

Service	Provider *(Name, Position or Title Address and Phone)*	Location *(Natural and Other Environment) (least restrictive environment)*	Frequency/Intensity/Duration (no. months per year)	Barriers/ Availability	Parent Approval	Date Started	Date Ended	Payment Arrange-ments
	38					39		

Process S 6: What plans do you have for future services?

Child Name: _____

Future Service Sites Desired/Considered:	What Changes will be necessary to successfully accommodate the child in desired service setting:

Transition Plan

Projected date of transition: _____

The Team agreed to the following as the most appropriate future service(s)/placement(s) because of the following reasons/background/information:

Transition Events	Who's Responsible	Where/How	Scheduled Date	Actual Date
Transition Conference				

Signatur ge

Childs Name: _____

Parent(s)/Guardian

☐ Yes, I (we) give permission to implement this plan and to receive early intervention services (except those services marked "NO").

☐ No, I (we) do not give permission to implement this plan.

I (we) have had the opportunity to participate in the development of this IFSP. I (we) have been informed of my (our) rights. I (we) have received a copy of my (our) rights. I (we) understand the plan, and parental rights. I (we) understand any financial obligations or responsibilities that I (we) will bear in implementing this plan.

Signature of Mother	Date	Signature of Father	Date	Signature of Guardian	Date

Other IFSP Meeting Participants:

Signature	Agency/Title	Phone	Date

Comments:

42

43

TRANSITION CHECKLIST FOR PARENTS

Name:

Child's Name:

Child's Date of Birth:

County:

Date:

Do you need more information about, or assistance in: (Write information needed)

1. Preschool special education programs and services in your community?	YES	NO
2. Obtaining appropriate related services?	YES	NO
3. Your legal rights and responsibilities?	YES	NO
4. Education in the least restrictive environment?	YES	NO
5. Preparing for your child's assessment?	YES	NO
6. Preparing for your child's Individualized Education Program?	YES	NO
7. Preparing your child for the classroom?	YES	NO
8. Arranging for visits to the classroom?	YES	NO
9. Communicating with your child's teacher?	YES	NO
lO. Your involvement in the preschool program?	YES	NO
11. Other community services?	YES	NO

12. List any other information that would assist you and your family during the transition process.

13. Please identify other persons whom you feel could provide information to a receiving program concerning your child's abilities.

TRANSITION/COLLABORATION CHECKLIST

Place a check in the box next to each item as to whether it is being done, or is being considered for a future activity.

Y = Yes N = No O = Not sure P = at the parents request

1. Are children who have eligible rulings being referred for services to the local school? By who?	Y	N	O	P
2. Are children who do not have eligible rulings being referred for appropriate services? By who?	Y	N	O	P
3. Are children's records being transferred to the local school/appropriate service agency? By who?	Y	N	O	P
4. Does the early intervention program assist in the assessment or evaluation of the children?	Y	N	O	P
5. While in the early intervention program, are children being ruled eligible for services at the local school or Head Start? 1a. guidelines or Head Start Guidelines b. If so, are these children being referred?	Y	N	O	P
6. Does the early intervention staff participate in the IEP meeting?	Y	N	O	P
7. Is there a sharing of training events (inservice or staff development) between early intervention, the local school, and Head Start?	Y	N	O	P
8. Does the local school/Head Start/Day Care provide an orientation for transitioning early intervention children?	Y	N	O	P
9. Does the early intervention program staff visit receiving classrooms?	Y	N	O	P
10. Does the early intervention program provide information to schools/Head Start/Day Care/Private...about their services?	Y	N	O	P
11. Is there a written or oral Transition agreement between the early intervention program and the school?	Y	N	O	P
12. 90 day timelines.	Y	N	O	P

INDIVIDUALIZED EDUCATION PLAN

STUDENT NAME:_____ **AGE:**_____

Special Education Services (Circle): SC RES REG

SLD EDH
Hearing Impaired Other_____

Subject:_____ Subject:_____

Subject:_____ Subject:_____

Teachers Providing Service(s)

- Special Education Teacher(s)

Regular Classroom Participation
(Subject and amount of time each day)

Related Services

Person/Position Providing Service(s)

Projected Date(s) for Review/Revision of the IEP

Committee Members Present:

Name_____ Special Ed. Teacher

Name_____ Agency Rep.

Name_____ Parent(s)

Name_____ Other

Name_____ Other

Name_____ Other

Name_____ Other

Date of Meeting_____

A review of the data collected and maintained regarding this child indicates that _____(child's name) does____/ does not_____ meet criteria for receiving an Extended School Year

The IEP Committee recommends that this student will take the following test(s):

____BSAP (Basic Skills Assessment Program)

____District Standardized Achievement Test

____FLE(Functional Literacy Exam)
(See attached list of special accomodations needed)

The IEP Committee recommends that this student will not take the following test(s):

____BSAP (Basic Skills Assessment Program)

____District Standardized Achievement Test

____FLE (Functional Literacy Exam)

GRADUATION:

In order to meet graduation requirements, beginning 9th grade, this student will participate in the following program:

____Carnegie Unit Program

____Special Education Diploma Program
(See Attached form)

Students below 8th grade:

____We, the parents/guardians of this student have been made aware of the options regarding high school graduation.

PARENTAL PERMISSION:

I have received written prior notice for ___initial placement ___review/revision. My rights and those of my child regardin procedural safeguards has been fully explained; I understand that my child has a handicap and I know what the handicap is; I hereby give my consent for my child to placed in a special education program based on his/her eligibility determination and his/her individualized education plan.

_____ ___/___/___

Parent/Guardian Signature Date of Meeting

OTHER (For components required for students residing in institutions):

FINAL TRANSITION PLAN

Family:_____

_____ will be three years of age on_____.

Date	Plan of Operation	Person Responsible	Target Date	Date Completed
	1._____			
	2._____			
	3._____			
	4._____			
	5._____			
	6._____			
	7._____			
	8._____			

INDIVIDUAL EDUCATIONAL PLAN

STUDENT'S NAME _____ GRADE ____ SCHOOL _____

Summary of
Present Levels of Performance

Annual Goals:

Short Term Instructional Objectives (STIO)	Beginning and Ending Date	Objective Criteria	Evaluation Procedures	Schedule for determining whether the STIO are being achieved

Short Term Instructional Objectives	Beginning and Ending Date	Objective Criteria and Evaluation Procedures For Short Term Instructional Objectives

TRANSITION DATA

Name: _____

Date of Birth: _____

Parent/Caregiver: _____

Address and Phone: _____

_____

Date of contact with local school district: _____

Name of contact person: _____

Address and Phone: _____

Date of contact with other service providers: _____

Person contacted (and agency name): _____

Address and Phone: _____

Target date for Pre-Transition Meeting: _____

Releases signed for assessment information: _____

Target date for Transition Meeting: _____

Initial date of Transition: _____

List of Service Providers

Name and Position: _____

Address and Phone: _____

_____

Services provided - duration and frequency: _____

_____

_____

Name and Position: _____

Address and Phone: _____

_____

Services provided - duration and frequency: _____

_____

_____

Identify Team Members

Names and numbers of persons involved in the transition.

NAME	ROLE	PHONE

REFERRAL FOR TRANSITION

DATE:____/____/____

The Infant and Toddler Program in _____ is referring

_____, (DOB)_____, for evaluation

and/or educational services.

Name of child:_____

Parents (caregivers):_____

Address:_____

City, State, Zip:_____

Phone:_____

_____ The parents (caregivers) have signed a Release of Records if you want to obtain them from our program.

_____ The parents (caregivers) have been notified of this referral.

_____ The parents (caregivers) are interested in a local school placement.

_____ The parents (caregivers) are interested in a Head Start placement.

_____ The parents (caregivers) request homebound services only if their child is ruled eligible.

Transition Checklist For Parents

Name: _____

Child's Name: _____

Child's Date of Birth: _____

County: _____

Date: _____

Do you need more information about or assistance in (write information needed): In the space provided, write any information that you feel would be useful for others at the transition meeting.

1. Preschool special education programs and services in your community? YES NO

_____

_____

2. Obtaining appropriate related services? YES NO

_____

_____

3. Your legal rights and responsibilities? YES NO

_____

_____

4. Education in the least restrictive environment? YES NO

_____

_____

5. Preparing for your child's assessment? YES NO

_____

_____

PRESCHOOL STUDENT INFORMATION FORM

1. Student: _____ Date of Birth: _____

2. Parent (s): _____ County: _____

3. School District: _____

4. Anticipated Teacher: _____

5. Year eligible for Preschool: _____

6. Present Early Intervention Services:

_____ Home Based	_____ Center Based	_____ Community Based
_____ Speech/Language	_____ Physical Therapy	_____ Special Education
_____ Occupational Therapy		
_____ Other _____		

7. Child's strengths:

8. Child's needs:

9. Medical Information:

10. Anticipated services needs:

	Level (monitoring, consulting, direct service)
_____ Special Education	_____
_____ Speech/Language	_____
_____ Physical Therapy	_____
_____ Occupational Therapy	_____
_____ Other	_____

11. Anticipated adaptations (include physical, personnel, instructional)

6. Preparing for your child's Individualized Education Program? YES NO

7. Preparing your child for the classroom? YES NO

8. Arranging for visits to the classroom? YES NO

9. Communicating with your child's teacher? YES NO

10. Your involvement in the preschool program? YES NO

11. Other community services? YES NO

12. Are required immunizations up-to-date and records available? YES NO

13. List any other information that would assist you and your family during the transition process.

_____

_____

_____

14. Please identify other persons whom you feel could provide information to a receiving program concerning your child's abilities.

_____

_____

_____

Adapted from Project STIP and Project SFSIS

ENVIRONMENT CHECKLIST

Objective: Recognize the environment of the preschool classroom in order to make adaptations to the rules, structure, and level of participation to accommodate the needs of the child.

1. Physical Arrangement

A. Do children work at tables and/or work centers?	Y	N
1) centers wheelchair accessible?	Y	N
2) tables adjustable for wheelchairs?	Y	N
B. Is the bathroom in the classroom?	Y	N
1). changing table available?	Y	N
C. Do the children often sit on a mat or on the floor?	Y	N

2. Classroom Support

A. Is there adequate support in the classroom?	Y	N
B. Do peers or volunteers visit the classroom?	Y	N

3. Classroom Schedule

A. Do children walk in a single file line?	Y	N
B. Do children have free access to the bathroom and water fountain?	Y	N
1). water fountains accessible?	Y	N
C. Do children manage their own materials? (get own mat, put papers in their cubby or basket)	Y	N
D. Do children get free choice of activities?	Y	N
1). staff support for activities? (i.e. computer assistance)	Y	N

SCHEDULE PLAN FORM

I MATERIALS NEEDED:

II. PERSON RESPONSIBLE

III. ACTIVITY

ACTIVITY	ADAPTATIONS	HOW	TARGET DATE

TRANSPARENCIES

A WELL PLANNED transition will have a significant impact on:

* the child's potential for learning and successful participation in a new learning environment,

* the family's desire and ability to participate as partners in planning their child's ongoing education; and

* the ability and willingness of professionals, particularly the receiving school, to accommodate children with special needs.

COLLABORATION among all persons who have a vested interest in the child's transition promotes:

* correct and appropriate Individual Education Plan (IEP) decisions,

* shared understanding of the needs of each person involved,

* support and encouragement from administrators,

* useable transition goals identified in the IFSP, and

* an appropriate preschool environment for the child.

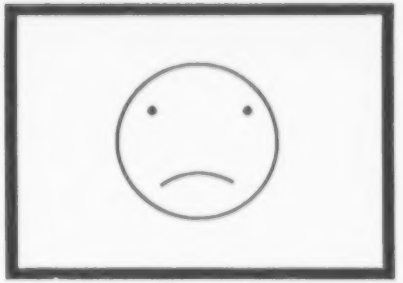
PART H	PART B	HEAD START
WHEN: Enacted in 1986.	WHEN: Enacted in 1975.	WHEN: Enacted in 1993
WHO: Birth through 2 years of age with disabilities, who are determined eligible, who have or are diagnosed with a developmental disability.	WHO: 3 through 21 years of age, who are determined eligible.	WHO: Children 3 - 5 who are income eligible.
WHAT: The services they provide include the development and implementation of the Individualized Family Service Plan (IFSP).	WHAT: Children and young adults receive a free and appropriate public education, as outlined in the Individualized Education Plan (IEP).	WHAT: Educational services to children (income) eligible who are three to five years of age, to ensure school readiness.

WHAT CAN HAPPEN

SENDING

Early Intervention Services

FAMILY



School

RECEIVING

Transparency 4

Being "INTERAGENCY FRIENDLY"

* eliminates the confusion of "who" will do "what",

* allows the family a clear understanding of the system and how it operates,

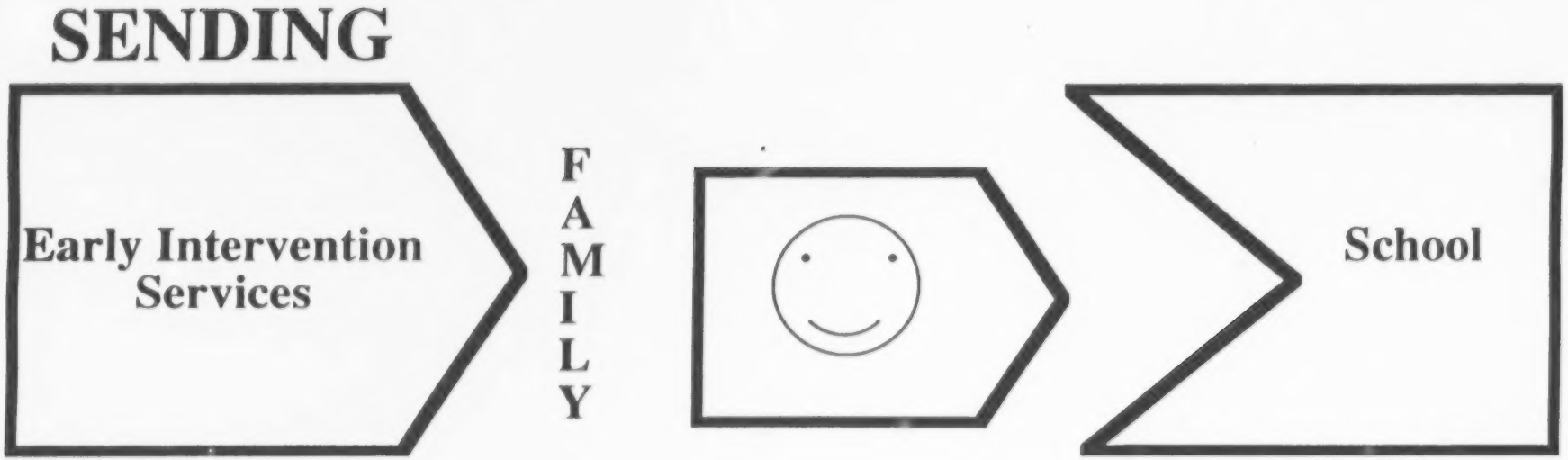
* prepares each person involved to recognize their level of participation,

* allows each person involved to recognize the expectations that other persons have on their level of responsibility,

* ensures that the child will receive the type, intensity, and quality of services needed (TEEM, 1991), and

* eliminates individual concerns.

WHAT SHOULD HAPPEN



Transparency 5

INDIVIDUALIZED FAMILY SERVICE PLAN

WHEN: 45 Days from initial contact, review every six months, or more if necessary.

WHO: Conducted by the Service Coordinator. Participants include:

a. The parent(s), guardians,

b. other family members as requested by the family,

c. an advocate requested by the family,

d. the service coordinator,

e. person's directly involved in the assessment,

f. as appropriate, person's who will be providing services to the family.

INDIVIDUALIZED EDUCATION PLAN

WHEN: Within 30 days of determination of special education services, reviews every six months or as necessary.

WHO: The local education agency representative from the providing school.

a. the parent(s), guardian(s),

b. other family members as requested by the family,

c. an advocate as requested by the family,

d. school district representative,

e. special education teacher,

f. as appropriate, related service providers

WHAT: The IFSP shall include:

a. present level of development,

b. family strengths and needs,

c. major outcomes, criteria, procedures and timelines to determine progress,

d. specific early intervention services, including frequency, intensity and methods of service delivery,

e. dates for initiation of services and anticipated duration

f. steps for transition under IDEA, Part B, and

g. signatures of all persons at the meeting.

WHAT: The IEP shall include:

a. present level of **educational** performance,

b. **specific special** educational and other related services that will be provided (this includes the extent to which regular educational programs are outlined),

c. annual goals,

d. short term instructional objectives,

e. beginning and ending dates for services,

f. evaluation procedures and schedules for determining progress, and

g. signatures of all persons at the meeting.

WHO: The Service Coordinator should facilitate the transition in order to provide a quality transition process for the family.

WHEN: Transition planning should begin no later than six months prior to the child's third birthday.

WHAT: The transition process should be a planned procedure which includes specific responsibilities and documented timelines for all persons involved.

HOW:

* Forms
* Checklists
* Documentation
* Written requests

Communication
Collaboration
Cooperation

TRANSITION CALENDAR PLAN

Transparency #10

OBJECTIVE: To plan for an orderly transition recognizing the importance of a collaborative working relationship.

HS = Head Start
SC = Service Coordinator
LEA = Local Education Agency (School)

CHILD:_____ DOB:_____

SERVICE COORDINATOR:_____

PARTICIPATING AGENCY REPRESENTATIVE:_____

1. Received/mailed referral from/to the SC												
2. Sent/received assessment information to/from SC												
3. Family received invitation letter before third birthday												
4. Sent/received invitation letter to/from SC												
5. Phone calls to ensure meeting is planned												
6. On Site visit is scheduled												
7. Parents receive handbook and other information												
8. Transition site is identified												
9. Transition goals are determined (IFSP, IEP if needed)												
10. Staff Development is planned (if needed)												
11. Formal Transition Meeting												

12. _____

13. _____

14. _____ will begin at _____

_____ on _____

in _____ classroom.

COORDINATING THE TRANSITION MEETING:

* Select several times and dates to choose from
* Inform all members when and where the meeting will be held
* Provide each person with a list of all the persons that will be present at the meeting
* Ask each member to bring pertinent information and prepare to identify their needs

INFORMATION TO BE SHARED:

* Medical and personal
* Agency level of participation
* Procedure for information dissemination
* Forms that will need to be completed
* Related services that are anticipated
* Services options
* IFSP goals
* Projected IEP goals

Preschool Student Information Form

BEST SCENARIO/WORSE SCENARIO

Best Scenario	Worse Scenario
The teacher has physically arranged the classroom to accommodate Joey's wheelchair.	Joey cannot move from center to center without moving tables & chairs.
The teacher is familiar with Shante's hearing aids and explains to the class how they work.	The teacher is not aware that Shante wears hearing aids, she is put in time-out for not listening.
The teacher and students use gestures and signs to communicate with Brandon.	No one in the class understands what Brandon is signing.
The teacher lets Casey sit further away from the tape player since Casey doesn't like loud music.	Casey sits close to the tape player and begins to bang his head on the floor.
The teacher placed Katy's mat and materials on the lower shelf so Katy can get things independently.	The teacher must hand Katy items she needs, lowering Katy's independence level.

SCHEDULE PLAN FORM **TRANSPARENCY #13**

I. MATERIALS NEEDED:

II. PERSON RESPONSIBLE

III. ACTIVITY

ACTIVITY	ADAPTATIONS	HOW	TARGET DATE

"TURFISM"

- the belief and practice of maintaining one's own ground;
- resistant to expanding one's ground;
- being impermeable to other's needs.

LETTING GO OF TURF:

* in not easy
* requires understanding
* requires trust
* allows one to learn from another
* assists in collaboration efforts
* expresses the desire for communication
* demonstrates continuity for the family

Ways to communicate:

*phone
*mail
*in person

How to communicate:

*ask specific questions
*restate the information
*provide honest, specific answers
*provide & request timelines
*use eye contact
*clarify information

What to communicate:

*only necessary information
*expectations, outcomes
*positive statements